
# 2021/2022 PCNS REPORT

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# GLOSSARY OF TERMS

| | |
|---|---|
| **AHFoZ** | Association of Health Funders Zimbabwe |
| **BHF** | Board of Healthcare Funders |
| **FP** | Family Practitioner |
| **FWA** | Fraud, Waste and Abuse |
| **HFAB** | Health Funders Association Botswana |
| **HFMU** | Health Forensic Management Unit |
| **HRH** | Human Resources for Health |
| **HSP** | Healthcare Service Provider |
| **HSPP** | Healthcare Service Professional Provider |
| **NAMAF** | Namibia Association of Medical Aid Funds |
| **PCNS** | Practice Code Numbering System |
| **SADC** | Southern Africa Development Community |
| **SAHP** | Supplementary and Allied Health Professional |
| **UHC** | Universal Healthcare Coverage |
| **WHO** | World Health Organization |

# EXECUTIVE SUMMARY

This report illustrates trends in the number of healthcare service professional providers (HSPPs) registered on the Practice Code Numbering System (PCNS). It also shows trends in the distribution of HSPPs by population. These trends include the number of active providers, the movement of providers and their demographic profiles. It is important to monitor and manage human resources for health (HRH) and how these change over time.

A descriptive cross-sectional analysis of HSPPs on the PCNS was used in analysing the data. The study included HSPPs from four different countries, namely South Africa, Namibia, Zimbabwe and Lesotho, on the PCNS from 2021 to 2022.

The number of family practitioners (FPs) increased across the four countries; similarly the number of FPs per million population increased. With regard to demographic profiles, most FPs were male (over 60%). The average age of FPs with active PCNS numbers increased in all countries except Zimbabwe. Their average age was lowest in Zimbabwe (38.1 years in 2022) as opposed to 51.2 years in South Africa.

The movement of FPs was also analysed in terms of absolute numbers and demographic profiles. Generally, FPs registering on the PCNS had lower average ages, ranging from 35.4 years in South Africa to 48.0 years in Namibia. The average age of FPs deregistering increased from 2021 to 2022; however, it would be preferable to have these average ages closer to retirement ages.

The number of medical specialists with active PCNS numbers increased across all four countries, with South Africa recording a 1.8% increase while Namibia had 16.9% increase from 2021 to 2022. In terms of changes in the number of medical specialists per million population, Namibia had the highest growth of 15.0%, followed by Zimbabwe at 4.0%. South Africa had the lowest growth at 0.9%. In 2022, South Africa had the highest number of specialists at 35.3 per million population; it was lowest in Lesotho at 3.1 per million population.

In terms of movement of medical specialists, South Africa had the highest number of registrations - 77 in 2022. New registrations decreased for all countries, except Zimbabwe, where they increased by 50%. There was no deregistration of medical specialists in Lesotho, Namibia and Zimbabwe.

The average age of medical specialists with active practice numbers increased slightly across all countries. Zimbabwe had the lowest average age of active medical specialists (40.0 years) in 2022, while Lesotho had the highest (55.2 years). Zimbabwe had the highest average age of registering medical specialists (46.7 years). This was followed by South Africa, with an average age of 37.6 years. The average age of deregistering medical specialists was 60.8 years in South Africa.

It is encouraging that the average age of medical specialists deregistering was above the retirement age. Of concern is the reduction in the number of registering medical specialists. Age profile also suggests significant movement of younger medical specialists.

The detailed results in respect of other disciplines can be found on the BHF Live portal. https://www.bhfportal.co.za/bhfglobal/

# 1 | INTRODUCTION

## 1.1 The Practice Code Numbering System

The PCNS is a list of unique practice billing codes for providers of healthcare services in South Africa, Namibia, Zimbabwe and Lesotho. It promotes a uniform, international and legally constituted identifier for billing purposes.

The practice number consists of 13 digits: the first three digits denote the HSPP's discipline; the second three digits indicate their subdiscipline/subspeciality as registered with their respective councils, e.g. the Health Professions Council of South Africa (HPCSA) and South African Pharmacy Council (SAPC). The last seven digits are their unique identifier.

### 1.2.1 South Africa

In South Africa, the Board of Healthcare Funders (BHF) administers the issuing of these unique practice numbers and maintains the PCNS database. The BHF was appointed by the Council for Medical Schemes (CMS), in terms of the provisions of the Medical Schemes Act 131 of 1998, to undertake this function. The PCNS division, under the auspices of the BHF, is responsible for assigning practice code numbers to accredited suppliers of relevant health services. It follows a rigorous accreditation process to ensure compliance with legislated verification criteria. The applicant's registration or licensing for independent practice is also verified with the appropriate statutory body or licensing authority.

### 1.2.2 Namibia

The Namibia Association of Medical Aid Funds (NAMAF), a statutory body, has mandated the PCNS to issue practice numbers for HSPPs in Namibia. NAMAF is responsible for setting up guides in terms of disciplines and subdisciplines in line with Namibian regulations. NAMAF is also responsible for managing HSPPs' application processes, further to which they are issued a unique practice number.

### 1.2.3 Lesotho

In Lesotho, there is no association of healthcare funders. There is, however, a standard process for issuing practice numbers to avoid fragmentation. When a HSPP in Lesotho needs a practice number they approach Mamoth, a health funder in Lesotho, with an application. Mamoth assesses the information on each application and ensures compliance with Lesotho's legislation. Once they are satisfied with the application, it is passed on to the PCNS for the issuing of a number. The PCNS is used by all health funders in Lesotho.

### 1.2.4 Zimbabwe

The Association of Health Funders of Zimbabwe (AHFoZ) is the industry body for most health funders in that country. It is responsible for maintaining a unique database of all HSPPs. There is no relationship between AHFoZ and the PCNS. Instead, one of AHFoZ's member schemes approached the BHF to issue PCNS numbers. This scheme provides the PCNS with provider information for the issuing of a practice number.

### 1.2.5 Botswana

The Health Funders Association Botswana (HFAB) has mandated the PCNS to issue practice numbers for HSPPs in Botswana. This process is ongoing and close to completion. HFAB will be responsible for setting up guides in terms of disciplines and subdisciplines, in line with Botswana's regulatory framework. HFAB will also be responsible for managing the application process.

## 1.3 The relevance of the PCNS

The PCNS offers a standardised way to identify and store details of practices/practitioners based on their professional registration and scope of practice. The benefits of having a system to identify healthcare practitioners are immense. Firstly, from a planning perspective it's important to know how many healthcare workers are available, their geographic location and respective disciplines and subdisciplines. Planning includes public health initiatives by governments, the World Health Organization (WHO) and donor agencies. From a private health perspective, it's important for funders to understand the supply of healthcare workers and to design benefits that deliver optimal healthcare for their members.

### 1.3.1 Human resources for health

The PCNS is an important tool for monitoring HRH in any country or even regionally. This must be augmented by other databases of HRH as not all HSPPs may be registered on the PCNS database.

The World Health Report Global Strategy on Human Resources for Health: Workforce 2030 listed 57 countries (Lesotho and Zimbabwe included) that are facing a shortage of HRH (WHO, 2006). Of these 57 countries, 36 (63%) are in Africa. Africa has 2.3 healthcare workers per 1 000 population, compared with the Americas, which have 24.8 healthcare workers per 1 000 population (Naicker et al, 2009). An assessment of HRH in South Africa notes that HRH strategy should not merely focus on the number of personnel; the problem is broader, including uneven geographic and sector distribution (public vs private sector), shortages among disciplines and attrition of the workforce (George et al, 2012). More recently, it was noted that South Africa is among the top five countries in terms of density of primary care per 1 000 population (Rispel et al, 2018). However, there is a shortage of healthcare workers in the public sector and rural areas.

Human resource availability is important for achieving universal health coverage (UHC). A key component of this is good health outcomes. Speybroeck et al (2006) and Anand & Bärnighausen (2007) concluded that there is a positive correlation between number of healthcare providers and population health outcomes.

### 1.3.2 Mitigation of healthcare fraud, waste and abuse

In South Africa, all HSPPs in the private sector need to have a practice number to be identifiable when submitting claims to medical schemes. Without a practice number, a HSPP cannot be reimbursed. The number assures schemes that due diligence has been undertaken by the PCNS department and this therefore minimises the number of fraudulent providers.

Healthcare fraud, waste, and abuse (FWA) is an international problem affecting both developed and developing countries. Losses due to FWA are huge and occur more often in areas where there are fewer systems to mitigate such losses. The ability to uniquely identity a HSPP and match them to their geographic location and discipline goes a long way towards mitigating FWA. The ability to verify the fitness of a HSPP on an ongoing basis is a further benefit that ensures that only appropriately registered practitioners provide the relevant services to members of the public.

While the PCNS is a great tool for the mitigation of FWA, it should be noted that more needs to be done to reduce this scourge. The PCNS is not designed to fight FWA, so stakeholders in the healthcare industry need to adopt additional measures to complement the PCNS. There must be platforms for collaboration to share data and identify and respond to FWA. The BHF has such a platform – the Health Forensic Management Unit (HFMU).

### 1.3.3 Standardisation and centralisation of HSPP information

Health funders need to identify who is providing a service; in places where there is no centralised numbering system, funders tend to have their own processes for registering HSPPs. This creates a situation where HSPPs need to register with multiple funders. Such registration tends to be fragmented as each funder has different requirements. The processing of claims by the HSPP is further complicated as claims to each funder must be accompanied by the unique information provided while registering with that specific funder.

During registration HSPPs may end up with different unique identifiers for each funder. In some instances, they may provide different information while registering. This creates challenges for the industry as the exact number of providers available is unknown.

Furthermore, should any HSPP who is registered with several funders want to change or update their details, they would have to inform all the funders. With a system like the PCNS, there would be one point for applications and updates. The issue of updates is key; in the absence of a centralised system of practice number registration, it is highly unlikely that there would be an annual process by each funder to verify the status of each practice on an ongoing basis. The advantage of a centralised system is that it allows for regular updates to verify the status of practices.

# 2|METHODS

In the study we used a descriptive cross-sectional analysis. The study population of this report comprised HSPPs registered on the PCNS from 2021 to 2022. The data were solely quantitative and were analysed using STATA 15.1. The national population data for South Africa came from Stats SA. For the populations of Lesotho, Namibia and Zimbabwe, the data source was Worldometer.

Annexure 1 lists the disciplines and how they have been classified for the purposes of this report. The detailed results at discipline level may be found on the BHF live portal. https://www.bhfportal.co.za/bhfglobal/

# 3|LIMITATIONS

The PCNS number is useful for HSPPs to claim from medical schemes and other health funders. There are some HSPPs who do not need to claim from medical schemes. They do not need to be registered on the PCNS database; therefore, the actual number of available healthcare workers/ HSPPs is unknown.

Furthermore, some HSPPs may maintain or renew their PCNS number while not practising. Some may even have emigrated to other countries. Therefore, the actual number of HSPPs providing services in the respective countries is not known with certainty.

The report covers a period when the world was facing the COVID-19 pandemic. The pandemic might have affected the number of HSPP registrations. The PCNS department does not record the reason for deregistration of a HSPP.

In Lesotho, Namibia and Zimbabwe, the demographic data were incomplete and therefore some results would have been misleading. For instance, in some instances the gender of an HSPP was not recorded.

# 4|HEALTHCARE SERVICE PROFESSIONAL PROVIDERS BY COUNTRY

## 4.1 HSPPS' DISCIPLINES BY COUNTRY

This section summarises the distribution of active HSPPs in each country by discipline. It also provides a brief overview of their demographic profiles.

### 4.1.1 South Africa

There were 68 154 active HSPPs (or registered professional practice numbers) in South Africa in 2022. Most of them (25%) were supplementary and allied health professionals (SAHPs). FPs constituted 22% of active HSPPs followed by mental and social health practitioners (MSHPs) at 16%. Anaesthetists and radiologists each accounted for 2% of HSPPs. Figure 1 shows the distribution of active HSPPs by discipline in 2022.

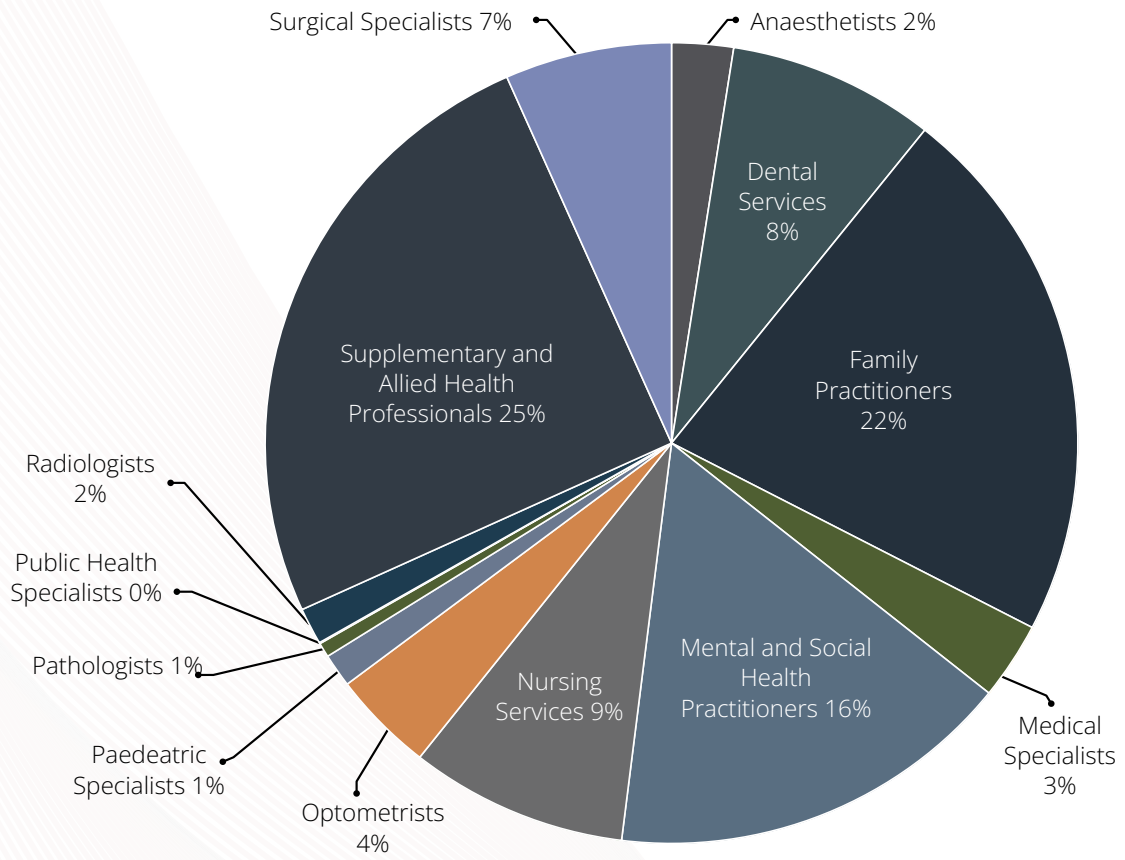


Figure 1: Distribution of active HSPPs by discipline in 2022

The average age of the active HSPPs was 47.5 years in 2022, up from 47.3 years in 2021. Figure 2 shows the average age of HSPPs by discipline in 2022.

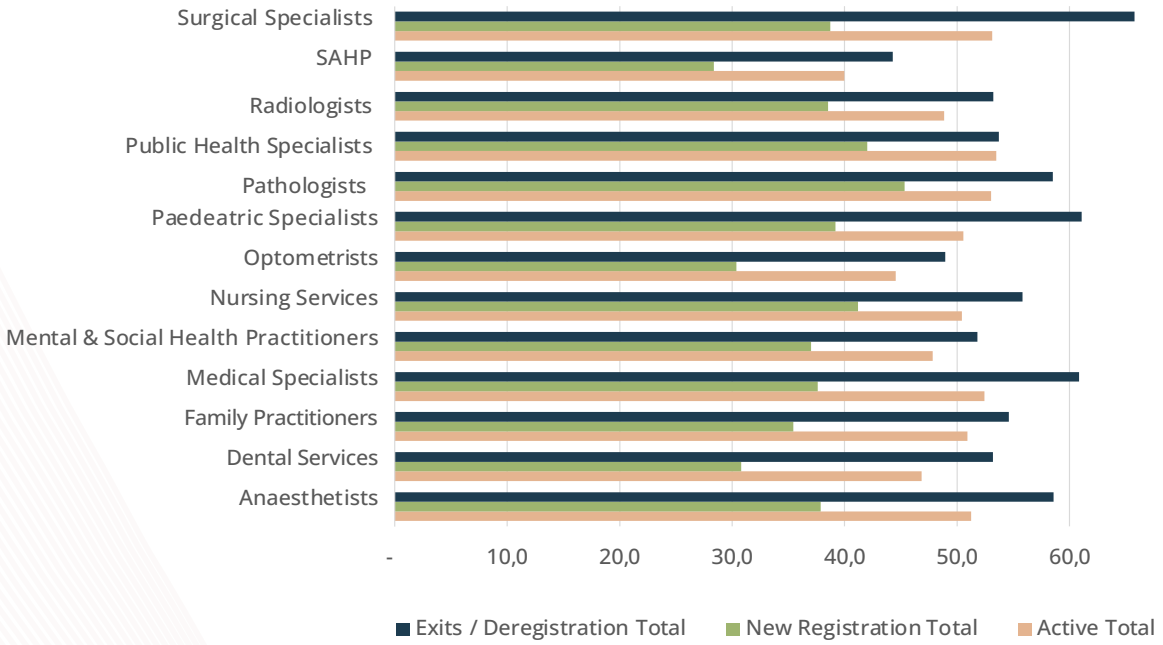


Figure 2: Average age of HSPPs by discipline in 2022

Active public health specialists, pathologists and surgical specialists had the highest average age compared to other disciplines in 2022. It was above 53 years. SAHPs had the lowest average age among active HSPPs (40.3). SAHPs registering also had the lowest average age – 28.4 years. Pathologists had the highest average age of registering HSPPs: 45.3 years. Deregistering surgical specialists, medical specialists and paediatric specialists had an average age above 60 years.

### 4.1.2 Namibia

There were 2 275 active HSPPs in Namibia in 2022, up from 1 929 in 2021. Most of them (35%) were FPs. Medical specialists and surgical specialists each accounted for 4% and 8%, respectively. Figure 3 shows the distribution of active HSPPs by discipline in 2022.

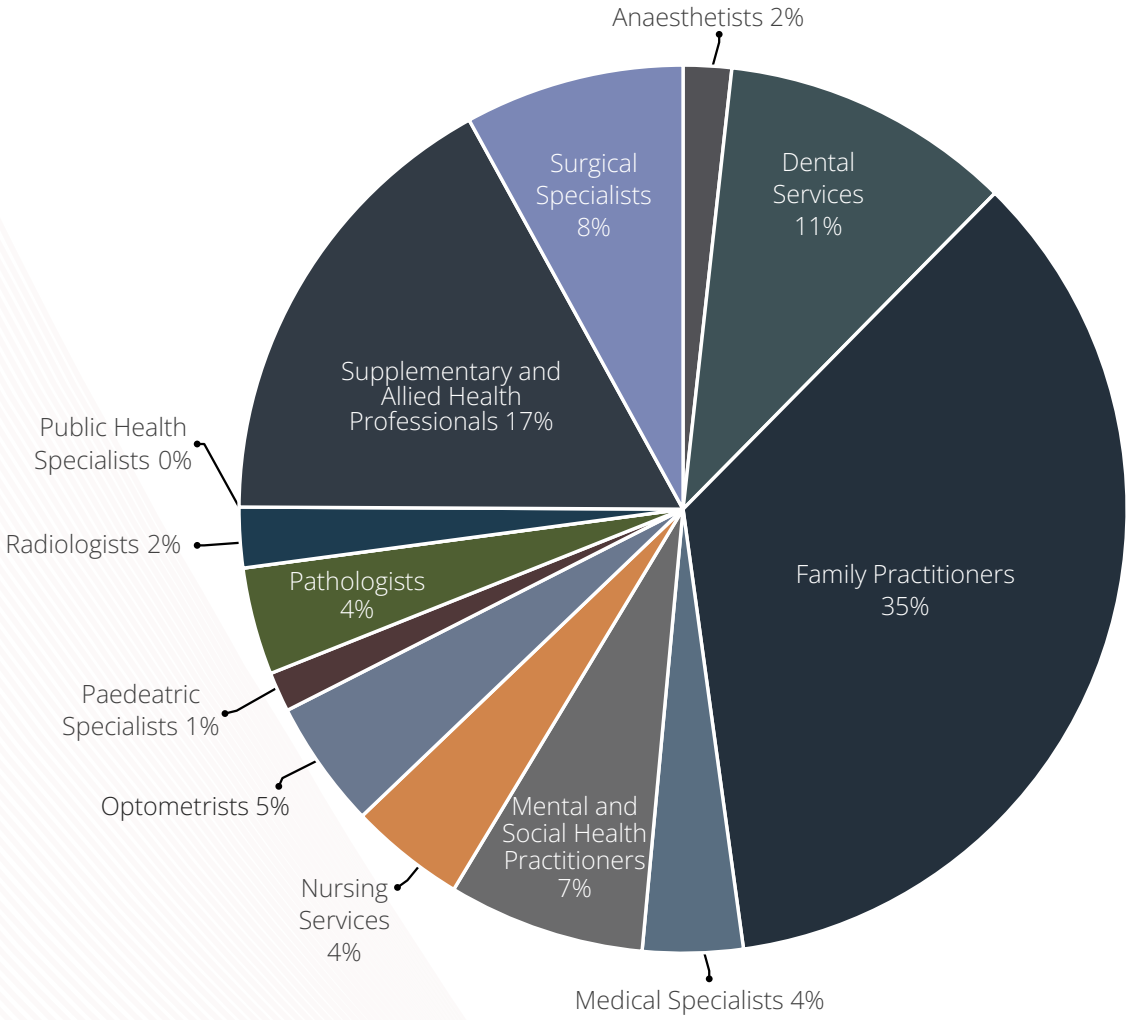


Figure 3: Distribution of active HSPPs by discipline in 2022

The average age of the active HSPPs was 47.1 years in 2022, up from 46.1 years in 2021. Figure 4 shows the average age of HSPPs by discipline in 2022.


Figure 4: Average age of HSPPs by discipline in 2022

Active anaesthetists, HSPPs offering nursing services, MSHPs and surgical specialists had an average age above 50 years. Anaesthetists had the highest average age of registering HSPPs: 53.5 years. No HSPPs deregistered in 2022.

### 4.1.3 Zimbabwe

There were 2 421 active HSPPs in Zimbabwe in 2022. Most of them were FPs (29%). Surgical specialists constituted 13%, followed by HSPPs offering dental services at 12%. Figure 5 shows the distribution of active HSPPs by discipline in 2022.

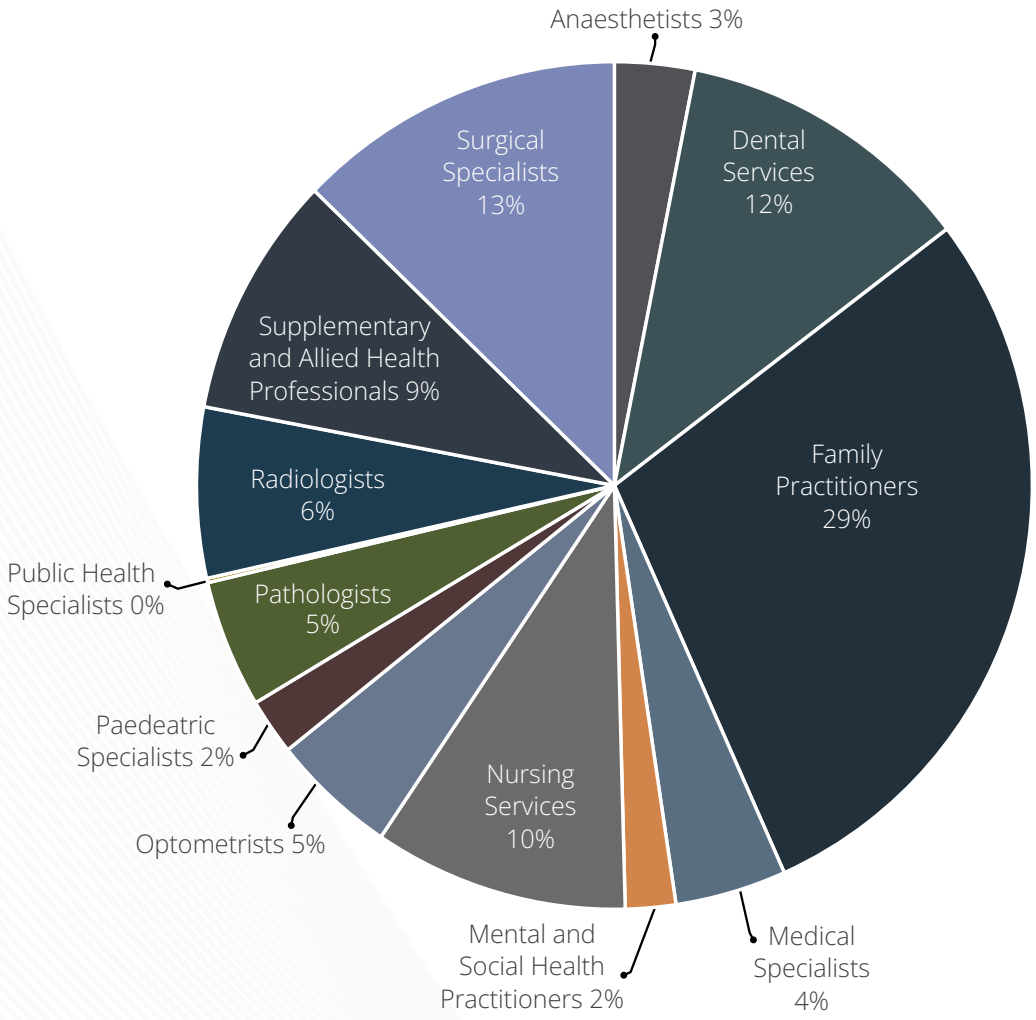


Figure 5: Distribution of active HSPPs by discipline in 2022

The average age of active HSPPs was 38.5 years in 2022, down from 38.1 years in 2021. Figure 6 shows their average age by discipline in 2022.

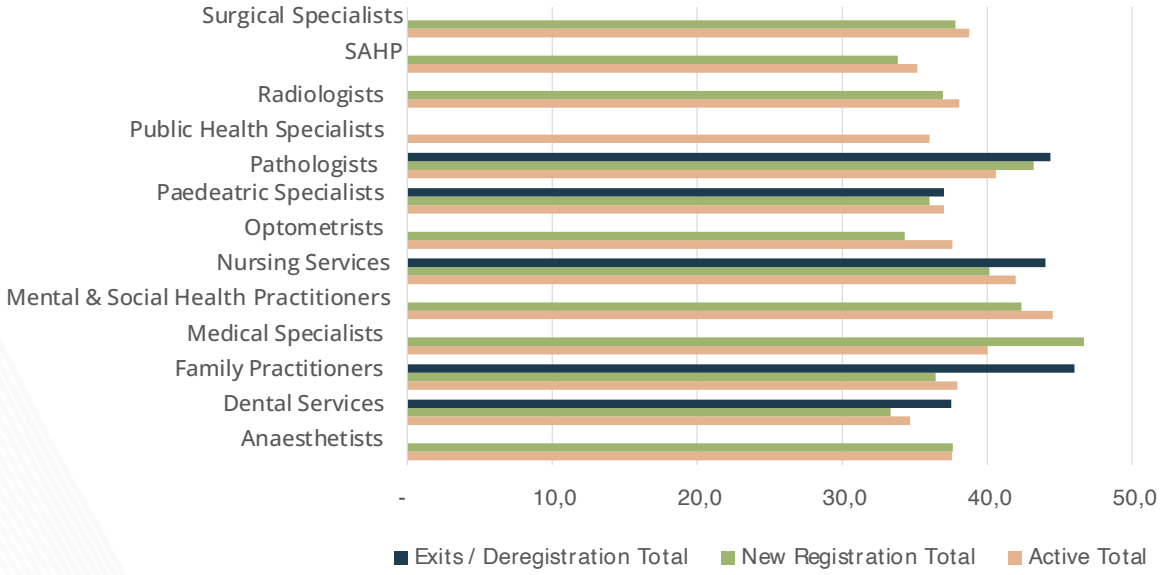


Figure 6: Average age of HSPPs by discipline in 2022

Active HSPPs offering dental services had the youngest average age in 2022: 34.8 years. Medical specialists had the highest average age of registering HSPPs (46.7). FPs had the highest average age of HSPPs deregistering in 2022: 46.0 years

### 4.1.4 Lesotho

There were 227 active HSPPs in Lesotho in 2022. Most of them (40%) were FPs. This was followed by MSHPs at 10%. HSPPs offering dental services and SAHPs each accounted for 9% of active HSPPs. Figure 7 shows the distribution by discipline in 2022.

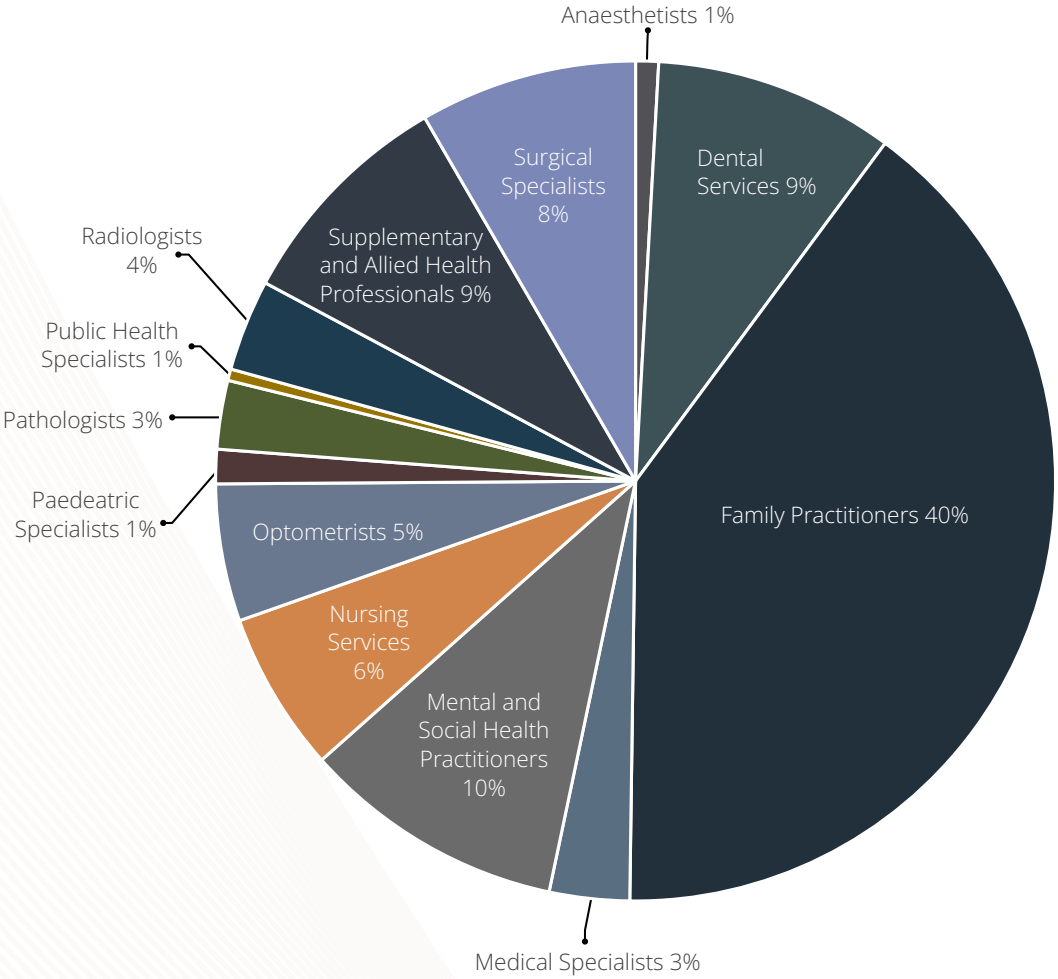


Figure 7: Distribution of active HSPPs by discipline in 2022

The average age of active HSPPs increased from 47.1 years in 2021 to 47.4 years in 2022. Figure 8 shows the average age by discipline in 2022.

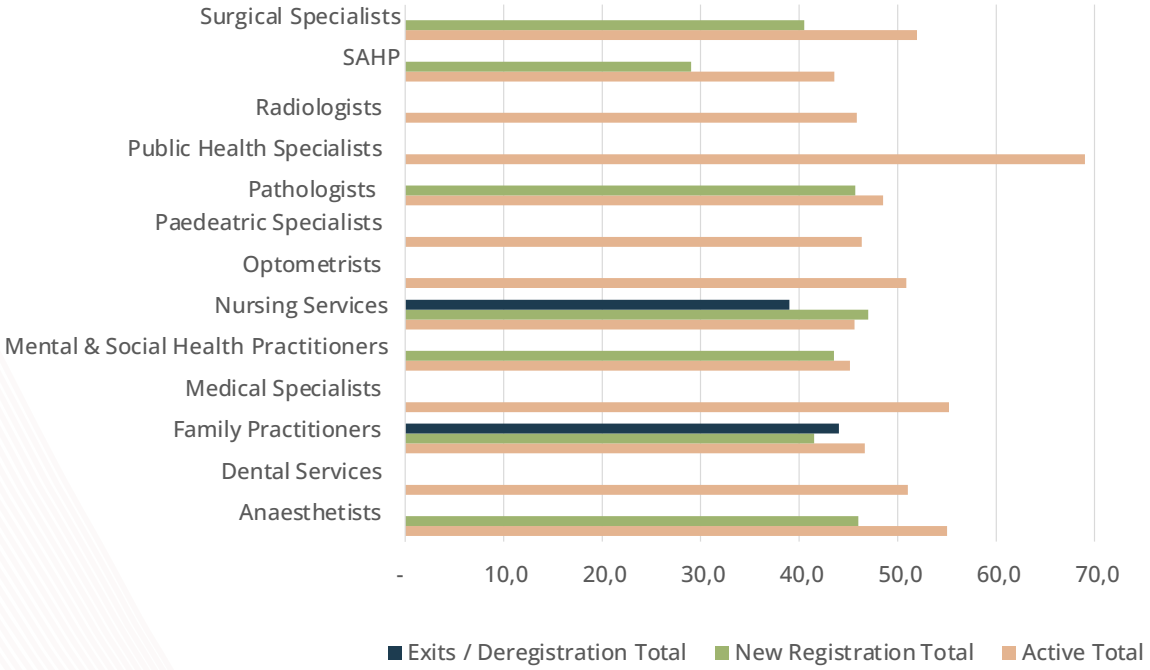


Figure 8: Average age of HSPPs by discipline in 2022

The average age of HSPPs registering increased from 41.8 years in 2021 to 42.3 in 2022. In 2021, only FPs deregistered; in 2022 FPs, pathologists and nursing services professionals deregistered.

# 4.2 HSPPS' DEMOGRAPHIC PROFILE BY COUNTRY

## 4.2.1 Active HSPPs per country

Table 1 shows the number of active HSPPs by country in 2021 and 2022. South Africa had the most, with more than 60 000 across all disciplines in both years. Lesotho had only 227 HSPPs in 2022. The number of HSPPs grew by 17.9% in Namibia, the highest growth, from 2021 to 2022. In South Africa this figure over the same period was 1.3%, the lowest growth.

| | ACTIVE HSPPS | | | HSPPS PER MILLION POPULATION | | |
|---|---|---|---|---|---|---|
| | 2021 | 2022 | % Change | 2021 | 2022 | % Change |
| **Lesotho** | 209 | 227 | 8.6% | 92.72 | 99.50 | 7.3% |
| **Namibia** | 1 929 | 2 275 | 17.9% | 774.98 | 899.16 | 16.0% |
| **Zimbabwe** | 2 224 | 2 421 | 8.9% | 141.93 | 151.37 | 6.7% |
| **South Africa** | 67 295 | 68 154 | 1.3% | 1 128.69 | 1 133.20 | 0.4% |

Table 1: Active HSPPs per country in 2021 and 2022

In terms of proportion of HSPPs per million population, South Africa had a density of 1 133 per million in 2022, followed by Namibia with 899 per million. Lesotho had the lowest density: less than 100 per million population in both 2021 and 2022. Namibia experienced the highest growth in density of HSPPs per million population: 16.0% from 2021 to 2022.

### 4.2.2 Movement of HSPPs per country

Table 2 shows the movement of HSPPs by country in 2021 and 2022. The number of HSPPs registering increased for all countries except Lesotho, where it decreased by 34%. Zimbabwe experienced the highest increase in HSPPs registering.

| MOVEMENT OF HSPPS | | | | | | |
|---|---|---|---|---|---|---|
| | Registration | | | Deregistration | | |
| | 2021 | 2022 | % Change | 2021 | 2022 | % Change |
| **Lesotho** | 29 | 19 | -34% | 1 | 3 | 200% |
| **Namibia** | 277 | 349 | 26% | 3 | - | - |
| **Zimbabwe** | 157 | 205 | 31% | 8 | 11 | 38% |
| **South Africa** | 3 744 | 4 560 | 22% | 3 702 | 5 236 | 41% |

Table 2: Movement of HSPPs per country in 2021 and 2022

South Africa experienced a sharp increase in the number of HSPPs deregistering: from 3 702 in 2021 to 5 236 in 2022. Lesotho and Zimbabwe also saw increases in this regard.

### 4.2.3 Demographic profiles of active HSPPs per country

Table 3 shows the demographic profiles of active HSPPs by country in 2021 and 2022. Zimbabwe had the youngest population: their average age was 38.5 years in 2022. In other countries, the average ages were closer together, ranging from 47.1 years in Namibia to 47.5 years in South Africa. All countries experienced an increase in the average age of active HSPPs.

| AVERAGE AGE OF ACTIVE HSPPS (YEARS) | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | 47.3 | 46.8 | 47.1 | 47.6 | 47.1 | 47.4 |
| **Namibia** | 47.7 | 44.5 | 46.1 | 48.7 | 45.4 | 47.1 |
| **Zimbabwe** | 38.0 | 38.7 | 38.1 | 38.4 | 38.8 | 38.5 |
| **South Africa** | 51.6 | 44.5 | 47.3 | 51.8 | 44.7 | 47.5 |

Table 3: Demographic profiles of active HSPPs per country

### 4.2.4 Demographic profiles of HSPPs registering per country

Table 4 shows the demographic profiles of HSPPs registering by country in 2021 and 2022. The average age at registration is an important metric to monitor and may suggest where HSPPs are coming from; lower average ages suggest a significant portion of HSPPs are university graduates, while higher average ages may suggest inward migration or seasoned HSPPs joining private practices after leaving public practice.

| AVERAGE AGE OF HSPPS REGISTERING (YEARS) | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | 40.5 | 43.8 | 41.8 | 41.4 | 43.2 | 42.3 |
| **Namibia** | 21.0 | 23.1 | 23.0 | 47.0 | 26.5 | 36.8 |
| **Zimbabwe** | 37.6 | 38.4 | 37.9 | 38.2 | 37.8 | 38.1 |
| **South Africa** | 35.4 | 34.3 | 34.6 | 35.3 | 34.8 | 34.9 |

Table 4: Demographic profiles of HSPPs registering per country

The average age of active HSPPs is expected to be higher than that of those registering. In 2022, the average age of male HSPPs registering was higher than that of their female counterparts in all countries except Lesotho.

### 4.2.5 Demographic profiles of deregistered HSPPs per country

Table 5 shows the demographic profiles of deregistered HSPPs per country in 2021 and 2022. The ages of HSPPs when they deregister are important to monitor; they may suggest the reason HSPPs are moving. An average age of deregistration closer to retirement age is preferable as this means that HSPPs serve their communities for longer. Very low average ages at deregistration may suggest outward migration, which is unfavourable.

| AVERAGE AGE OF HSPPS DEREGISTERING (YEARS) | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | 39.0 | - | 39.0 | 44.0 | 39.0 | 41.5 |
| **Namibia** | 43.0 | 32.0 | 37.5 | - | - | - |
| **Zimbabwe** | 36.4 | 37.5 | 36.7 | 44.7 | 39.8 | 42.7 |
| **South Africa** | 50.4 | 43.8 | 46.0 | 57.6 | 48.7 | 52.1 |

Table 5: Demographic profile of deregistered HSPPs per country

South Africa had the oldest population of HSPPs deregistering: their average age was 52.1 years in 2022. In other countries, the average ages were closer together, ranging from 42.7 years in Zimbabwe to 41.5 years in Lesotho.

# 5|HSPPS BY DISCIPLINE

## 5.1 PROFESSIONAL GROUPS ON THE PCNS
## 5.1.1. FAMILY PRACTITIONERS

### 5.1.1.1 Active FPs per country

Table 6 summarises the number of active FPs and the number per million population in each country from 2021 to 2022. The number of active FPs increased in all four countries from 2021 to 2022. Namibia had the highest percentage increase: 27.5%. FPs in Namibia increased from 632 in 2021 to 806 in 2022. All four countries had more male than female FPs in both years.

| | ACTIVE FPS | | | FPS PER MILLION POPULATION | | |
|---|---|---|---|---|---|---|
| | **2021** | **2022** | **% Change** | **2021** | **2022** | **% Change** |
| **Lesotho** | 88 | 91 | 3.4% | 39.04 | 39.89 | 2.2% |
| **Namibia** | 632 | 806 | 27.5% | 253.91 | 318.56 | 25.5% |
| **Zimbabwe** | 636 | 693 | 9.0% | 40.59 | 43.33 | 6.8% |
| **South Africa** | 14 812 | 14 929 | 0.8% | 248.43 | 248.23 | -0.1% |

Table 6: Number of active FPs per country in 2021 and 2022

The number of FPs per million population was highest in Namibia in both 2021 and 2022. Namibia's FPs per million population increased by 25.5%, from 254 in 2021 to 319 in 2022. The numbers for Lesotho remained relatively unchanged from 2021 (39) to 2022 (40).

### 5.1.1.2 Movement of FPs per country

The number of FP registrations increased for all countries, except Lesotho, where it decreased by 66.7% from 2021 to 2022. Namibia had the highest increase (109.5%) in the same period. No FPs in Namibia deregistered in 2022. Deregistration of FPs increased significantly in South Africa, from 745 in 2021 to 1 150 in 2022. Table 7 highlights the movement of FPs per country.

| MOVEMENT OF FPS | | | | | | |
|---|---|---|---|---|---|---|
| | Registration | | | Deregistration | | |
| | 2021 | 2022 | % Change | 2021 | 2022 | % Change |
| **Lesotho** | 12 | 4 | -66.7% | 1 | 1 | - |
| **Namibia** | 84 | 176 | 109.5% | 2 | - | - |
| **Zimbabwe** | 41 | 65 | 58.5% | 8 | 3 | -62.5% |
| **South Africa** | 674 | 863 | 28.0% | 745 | 1 150 | 54.4% |

Table 7: Movement of FPs per country in 2021 and 2022

### 5.1.1.3 Demographic profiles of active FPs per country

South Africa had the highest average age of active FPs in 2021 and 2022. This was followed by Namibia with 49.3 years in 2022. Zimbabwe had the lowest average age of active FPs compared to the other countries in both years. Only in Lesotho were female FPs older than their male counterparts in 2022. Table 8 shows the average age of active FPs per country in 2021 and 2022.

| AVERAGE AGE OF ACTIVE FPS (YEARS) | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | 45.8 | 46.2 | 45.8 | 46.1 | 47.2 | 46.3 |
| **Namibia** | 49.1 | 46.7 | 48.3 | 50.1 | 47.8 | 49.3 |
| **Zimbabwe** | 38.3 | 39.1 | 38.5 | 38.2 | 37.4 | 38.1 |
| **South Africa** | 54.3 | 45.8 | 51.0 | 54.6 | 45.9 | 51.2 |

Table 8: Demographic profiles of active FPs per country in 2021 and 2022

### 5.1.1.4 Demographic profiles of FPs registering per country

The average age of registering FPs was lower than the average age of active FPs in all countries. An average age of registering FPs similar to the average age of active FPs may indicate inward migration or seasoned FPs joining private practices after leaving public practice. The average age of female FPs registering on the PCNS was higher than that of their male counterparts in Zimbabwe in 2021. In 2022, female FPs registering on the PCNS were younger than their male counterparts in Zimbabwe. Table 9 highlights the average age of FPs registering per country in 2021 and 2022.

| AVERAGE AGE OF FPS REGISTERING (YEARS) | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | 38.7 | 38.0 | 38.5 | 41.5 | - | 41.5 |
| **Namibia** | - | 45.0 | 45.0 | 48.0 | - | 48.0 |
| **Zimbabwe** | 37.9 | 42.2 | 38.5 | 36.7 | 35.2 | 36.4 |
| **South Africa** | 38.0 | 33.9 | 35.8 | 37.4 | 33.7 | 35.4 |

Table 9: Average age of FPs registering per country in 2021 and 2022

### 5.1.1.5 Demographic profiles of deregistered FPs per country

Table 10 shows the average age of FPs deregistering by gender and per country in 2021 and 2022. The average age of FPs in Zimbabwe who deregistered increased significantly, from 36.7 years to 46.0 years in 2021 and 2022, respectively - this suggests longer periods in service. The increase is largely attributable to male FPs; their average age increased from 36.4 years in 2021 to 52.0 years in 2022. The average age of FPs deregistering was less than 40 years for all countries reported on except South Africa in 2021.

| AVERAGE AGE OF FPS DEREGISTERING (YEARS) | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | 39.0 | - | 39.0 | 44.0 | - | 44.0 |
| **Namibia** | - | 32.0 | 32.0 | - | - | - |
| **Zimbabwe** | 36.4 | 37.5 | 36.7 | 52.0 | 34.0 | 46.0 |
| **South Africa** | 52.4 | 43.7 | 49.2 | 58.7 | 46.3 | 54.6 |

Table 10: Average age of FPs deregistering by gender and per country

### 5.1.1.6 Active FPs in South Africa

Figure 9 shows the number of active South African FPs and their average age per province in 2022. The number of active FPs increased from 14 812 in 2021 to 14 929 in 2022, a 0.8% increase. Over 8 900 (60%) of FPs in 2022 were male.

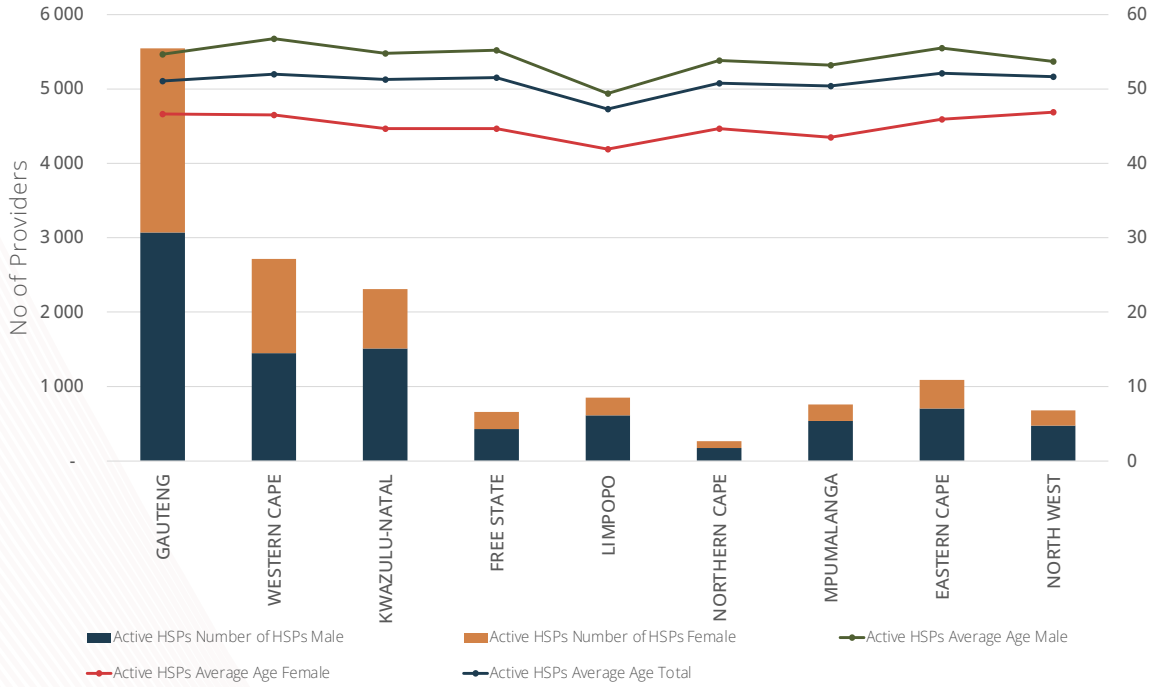


Figure 9: Number of active FPs and their average age per province in 2022

The average age of active FPs in South Africa increased slightly, from 51.0 years in 2021 to 51.2 years in 2022, with male FPs consistently older than female FPs. The average age of male FPs was 54.6; for female FPs it was 45.9 years in 2022. The average age of female FPs was less than 47 years across all provinces. Eastern Cape had the highest average age for FPs in 2021 and 2022.

### 5.1.1.7 FPs per million population per province

The average number of FPs per million population in South Africa remained relatively unchanged at 248 from 2021 to 2022. North-West reported the highest increase of 3.0%% compared to other provinces, while the Northern Cape reported the highest decrease (3.67%). Figure 10 illustrates the number of FPs per province from 2021 to 2022.

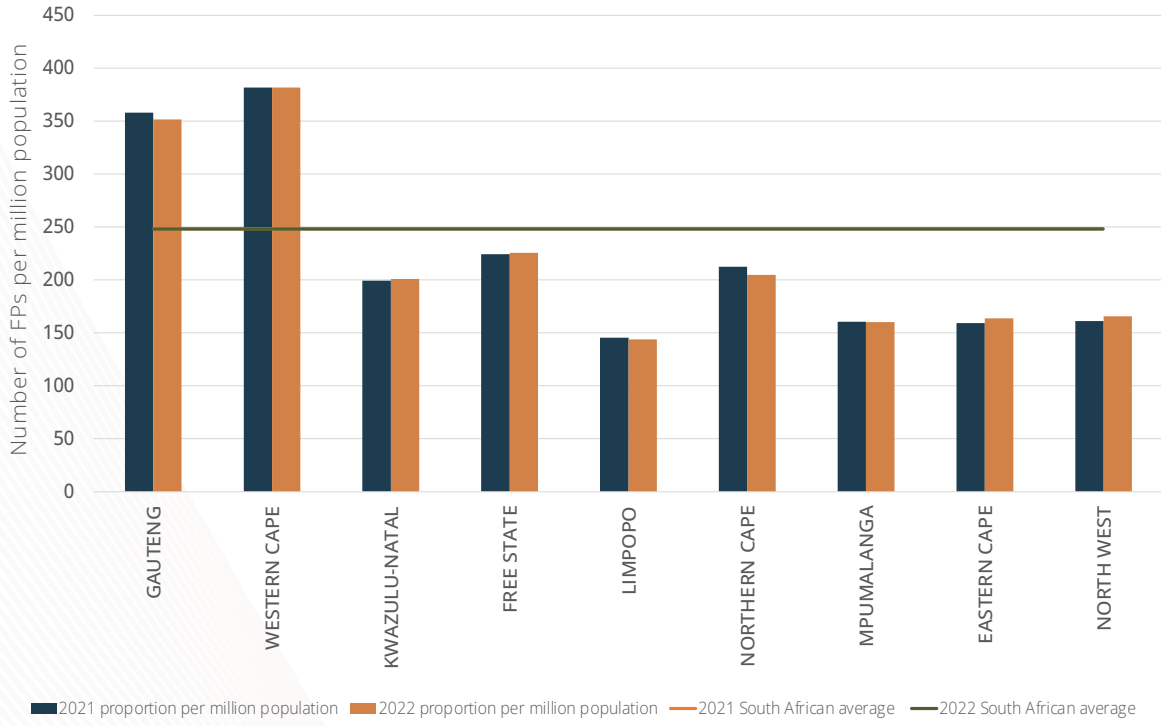


Figure 10: Number of FPs per million population per province in 2022

# 5.1.2. MENTAL AND SOCIAL HEALTH PRACTITIONERS

## 5.1.2.1 Active MSHPs per country

All countries experienced an increase in active MSHPs from 2021 to 2022, with Namibia experiencing the highest increase at 25.4%. This was followed by Lesotho with an increase of 21.1%. The number of active MSHPs per million population was very low in Zimbabwe (less than three), compared to South Africa, where it was 184 in 2022. Table 11 summarises the number of active MSHPs and number of MSHPs per million population per country from 2021 to 2021.

| | ACTIVE MSHPS | | | MSHPS PER MILLION POPULATION | | |
|---|---|---|---|---|---|---|
| | 2021 | 2022 | % Change | 2021 | 2022 | % Change |
| **Lesotho** | 19 | 23 | 21.1% | 8.43 | 10.08 | 19.6% |
| **Namibia** | 130 | 163 | 25.4% | 52.23 | 64.42 | 23.4% |
| **Zimbabwe** | 41 | 47 | 14.6% | 2.62 | 2.94 | 12.3% |
| **South Africa** | 10 894 | 11 063 | 1.6% | 182.72 | 183.94 | 0.7% |

Table 11: Number of MSHPs per country in 2021 and 2022

## 5.1.2.2 Movement of MSHPs per country

Table 12 shows the movement of MSHPs per country. All countries reported an increase in MSHPs registering in 2021 to 2022. Namibia saw the lowest increase of 17.9% during that period. No MSHPs deregistered in Lesotho, Namibia and Zimbabwe between 2021 and 2022.

| MOVEMENT OF MSHPS | | | | | | |
|---|---|---|---|---|---|---|
| | Registration | | | Deregistration | | |
| | 2021 | 2022 | % Change | 2021 | 2022 | % Change |
| **Lesotho** | 1 | 4 | 300.0% | - | - | - |
| **Namibia** | 28 | 33 | 17.9% | - | - | - |
| **Zimbabwe** | 3 | 6 | 100.0% | - | - | - |
| **South Africa** | 673 | 812 | 20.7% | 642 | 799 | 24.5% |

Table 12: Movement of MSHPs registering in 2021 and 2022

### 5.1.2.3 Demographic profiles of active MSHPs per country

Table 13 highlights the average age of active MSHPs by country in 2021 and 2022. Lesotho had the youngest average age in 2021 – 44.6 years. Zimbabwe had the youngest average age in 2022 – 44.5 years. Namibia had the oldest average age in both 2021 and 2022. The average age of active female MSHPs was greater than that of their male counterparts for all countries except Lesotho in 2022.

| AVERAGE AGE OF ACTIVE MSHPS | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Female | Male | Total |
| **Lesotho** | 35.0 | 46.4 | 44.6 | 36.0 | 46.3 | 45.1 |
| **Namibia** | 57.8 | 48.0 | 49.4 | 58.8 | 49.0 | 50.4 |
| **Zimbabwe** | 42.0 | 46.4 | 45.7 | 50.5 | 43.3 | 44.5 |
| **South Africa** | 50.9 | 47.0 | 47.7 | 51.2 | 47.3 | 48.1 |

Table 13: Average age of MSHPs per country in 2021 and 2022

### 5.1.2.4 Demographic profiles of MSHPs registering per country

Table 14 shows the average age of MSHPs registering in 2021 and 2022. Lesotho had the highest average age in both 2021 and 2022. In 2022, the average age of male MSHPs registering was significantly higher than that of their female counterparts in Zimbabwe.

| AVERAGE AGE OF MSHPS REGISTERING | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | - | 63.0 | 63.0 | - | 43.5 | 43.5 |
| **Namibia** | - | - | - | - | - | - |
| **Zimbabwe** | - | 42.7 | 42.7 | 58.0 | 39.2 | 42.3 |
| **South Africa** | 37.6 | 36.7 | 36.8 | 37.5 | 36.9 | 37.0 |

Table 14: Average age of MSHPs registering in 2021 and 2022

### 5.1.2.5 Average age of deregistering MSHPs per country

Table 15 shows the average age at deregistration by gender and per country in 2021 and 2022. Data on the average age of MSHPs deregistering in Lesotho, Namibia and Zimbabwe are insufficient. In South Africa, the average age of male MSHPs deregistering was higher than that of their female counterparts in both 2021 and 2022.

| AVERAGE AGE OF MSHPS DEREGISTERING | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | - | - | - | - | - | - |
| **Namibia** | - | - | - | - | - | - |
| **Zimbabwe** | - | - | - | - | - | - |
| **South Africa** | 47.1 | 43.8 | 44.4 | 55.9 | 50.6 | 51.8 |

Table 15: Average age of MSHP deregistering in 2021 and 2022

### 5.1.2.6 Active MSHPs in South Africa

In South Africa, the number of active MSHPs in 2021 was 10 894, while in 2022 it was 11 063; this equates to a 1.6% increase. There were more female than male active MSHPs in both 2021 and 2022. The Northern Cape had fewer than 100 active MSHPs in each year. Figure 11 illustrates the number and average age of active MSHPs in 2021.

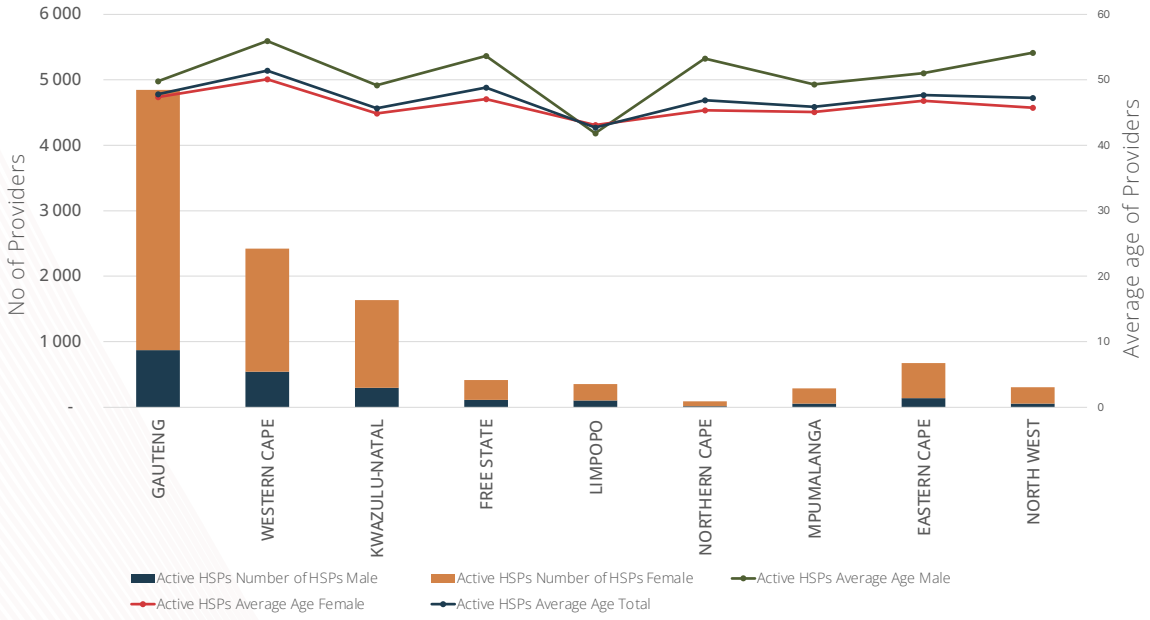


Figure 11: Number of active MSHPs and their average age per province in 2022

The average age of active MSHPs increased slightly from 2021 to 2022 – 47.7 years in 2021 and 48.1 years in 2022. The average age was highest in the Western Cape – 51.4 years in 2022.

### 5.1.2.7 MSHPs per million population

Figure 12 illustrates the number of MSHPs per million population in South Africa in 2022. It increased from 183 to 184 in 2021 and 2022, respectively. Only Gauteng and the Western Cape had a proportion higher than the average of 184 in 2022.

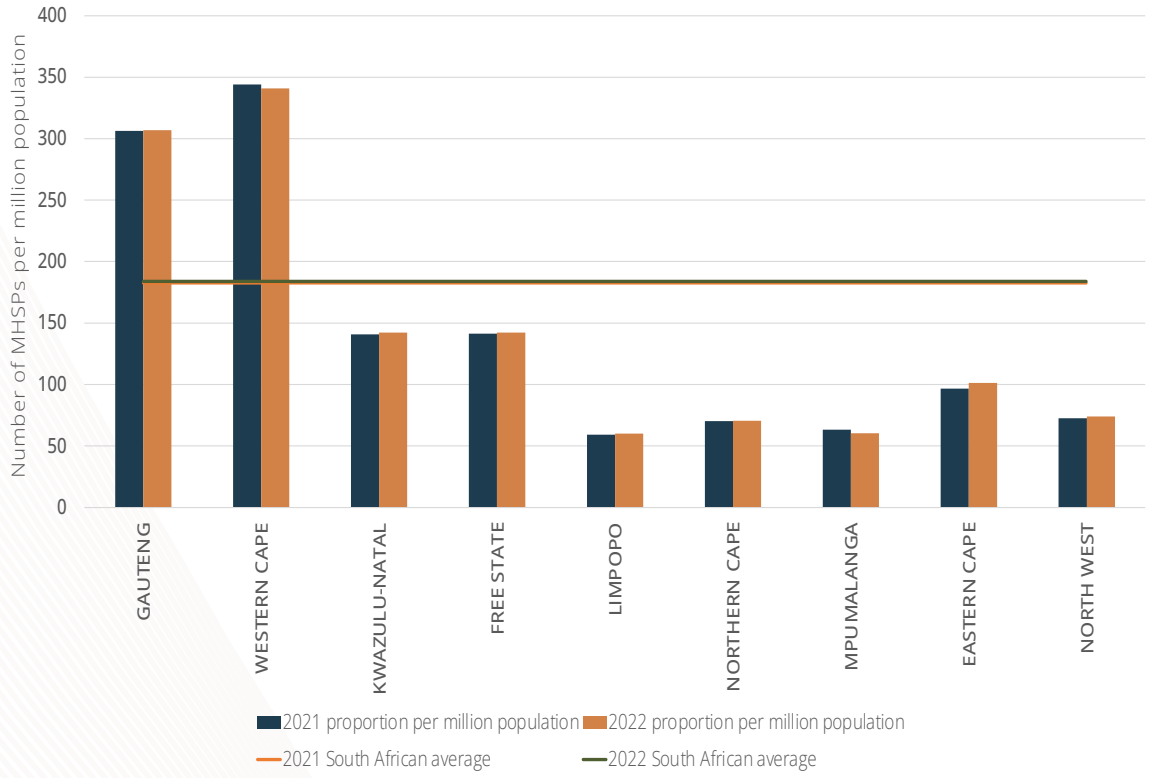


Figure 12: Number of MSHPs per million population in 2022

# 5.1.3. MEDICAL SPECIALISTS

## 5.1.3.1 Active medical specialists per country

The number of active medical specialists grew in all four countries, except Lesotho where it remained unchanged. Namibia saw the highest increase and the highest number of active medical specialists per million population. South Africa saw the lowest increase of medical specialists per million population. Table 16 shows the number of medical specialists per country in 2021 and 2022.

| | ACTIVE MEDICAL SPECIALISTS | | | ACTIVE MEDICAL SPECIALISTS PER MILLION POPULATION | | |
|---|---|---|---|---|---|---|
| | **2021** | **2022** | **% Change** | **2021** | **2022** | **% Change** |
| **Lesotho** | 7 | 7 | - | 3.11 | 3.07 | -1.2% |
| **Namibia** | 71 | 83 | 16.9% | 28.52 | 32.80 | 15.0% |
| **Zimbabwe** | 98 | 104 | 6.1% | 6.25 | 6.50 | 4.0% |
| **South Africa** | 2 084 | 2 122 | 1.8% | 34.95 | 35.28 | 0.9% |

Table 16: Number of medical specialists per country in 2021 and 2022

## 5.1.3.2 Movement of medical specialists per country

Table 17 highlights the movement of medical specialists per country from 2021 to 2022. The number of medical specialists registering increased only in Zimbabwe (50%). Only South Africa saw deregistration of medical specialists in 2021 and 2022.

| MOVEMENT OF MEDICAL SPECIALISTS | | | | | | |
|---|---|---|---|---|---|---|
| | **Registration** | | | **Deregistration** | | |
| | 2021 | 2022 | % Change | 2021 | 2022 | % Change |
| **Lesotho** | 1 | - | - | - | - | - |
| **Namibia** | 14 | 12 | -14.3% | - | - | - |
| **Zimbabwe** | 4 | 6 | 50.0% | - | - | - |
| **South Africa** | 100 | 77 | -23.0% | 39 | 85 | 117.9% |

Table 17: Movement of medical specialists per country in 2021 and 2022

### 5.1.3.3 Demographic profiles of active medical specialists per country

The average age of active medical specialists increased over the two years in all countries. Zimbabwe had the lowest average age of 40.0 years in 2022. In Lesotho, the average age was significantly higher at 55.2 years in 2022. Table 18 shows the average age of active medical specialists by country in 2021 and 2022.

| AVERAGE AGE OF ACTIVE MEDICAL SPECIALISTS | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | 56.2 | 44.0 | 54.2 | 57.2 | 45.0 | 55.2 |
| **Namibia** | 46.8 | 45.6 | 46.4 | 47.1 | 46.6 | 46.9 |
| **Zimbabwe** | 38.8 | 39.0 | 38.9 | 40.0 | 40.0 | 40.0 |
| **South Africa** | 55.1 | 47.2 | 52.4 | 55.4 | 47.7 | 52.7 |

Table 18: Average age of active medical specialists per country in 2021 and 2022

### 5.1.3.4 Average age of medical specialists registering per country

Namibia and Zimbabwe recorded an increase in the average age of medical specialists registering on the PCNS from 2021 to 2022. The average age of male medical specialists registering in Zimbabwe increased from 37 years to 46.7 years in 2021 and 2022, respectively. Table 19 highlights the average age of medical specialists registering per country in 2021 and 2022.

| AVERAGE AGE OF REGISTERING MEDICAL SPECIALISTS | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | 46.0 | - | 46.0 | - | - | - |
| **Namibia** | 21.0 | 21.0 | 21.0 | 22.0 | - | 22.0 |
| **Zimbabwe** | 37.0 | 37.0 | 37.0 | 46.7 | - | 46.7 |
| **South Africa** | 39.2 | 38.0 | 38.6 | 37.5 | 37.7 | 37.6 |

Table 19: Average age of medical specialists registering per country in 2021 and 2022

### 5.1.3.5 Average age of deregistering medical specialists per country

Table 20 shows the average age of deregistering medical specialists by gender and country. Lesotho, Namibia and Zimbabwe had insufficient data on this in both 2021 and 2022. The average age of medical specialists deregistering in South Africa increased by 2.6 years to 60.8 years in 2022, up from 58.2 years in 2021.

| AVERAGE AGE OF DEREGISTERING MEDICAL SPECIALISTS | | | | | | |
|---|---|---|---|---|---|---|
| | 2021 | | | 2022 | | |
| | Male | Female | Total | Male | Female | Total |
| **Lesotho** | - | - | - | - | - | - |
| **Namibia** | - | - | - | - | - | - |
| **Zimbabwe** | - | - | - | - | - | - |
| **South Africa** | 62.6 | 49.1 | 58.2 | 66.2 | 50.3 | 60.8 |

Table 20: Average age at deregistration of medical specialists by gender and per country

## 5.1.3.6 Active medical specialists in South Africa

Figure 13 shows the number and demographic profiles of active medical specialists in 2022 in South Africa. There were over 2 100 in 2022 and over 65% of them were male. All provinces had more male than female medical specialists in both 2021 and 2022.

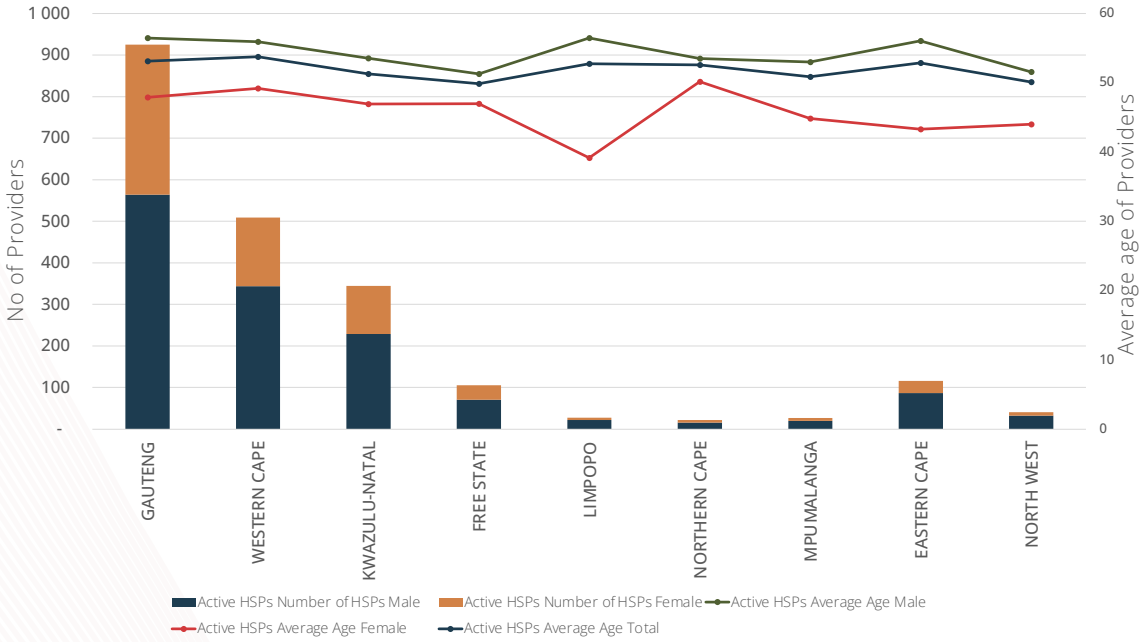


Figure 13: Number of active medical specialists and their average age per province in 2022

The average age of active medical specialists registered on the PCNS in South Africa was 52.4 years in 2021, going up by 0.3 years to 52.7 years in 2022. The average age of active male medical specialists across all provinces was over 50, with the Western Cape having the highest average age: 53.8 years in 2022.

### 5.1.3.7 Medical specialists per million population

Figure 14 shows the number of medical specialists per million population in South Africa in 2022. The number of medical specialists per million population remained relatively unchanged at 35 in both 2021 and 2022. The proportion of medical specialists in Gauteng and the Western Cape was significantly higher than in the other provinces in both 2021 and 2022. Limpopo and Mpumalanga had very low proportions (fewer than 10) of medical specialists per million population in 2021 and 2022.

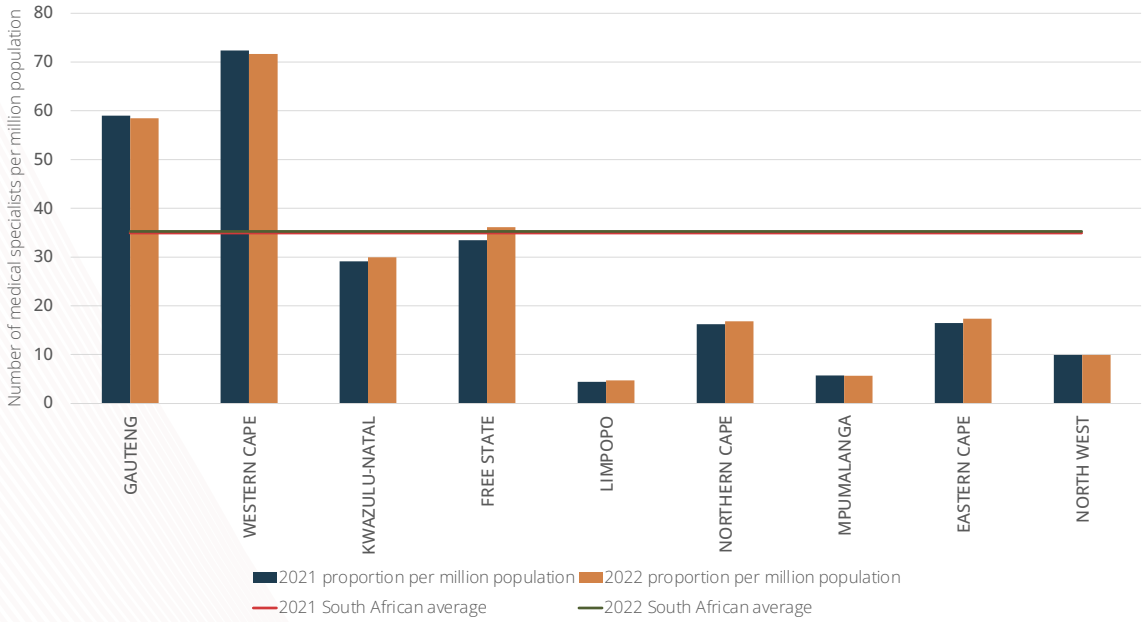


Figure 14: Number of medical specialists per million population in 2022

# 6|CONCLUSIONS AND RECOMMENDATIONS

## 6.1 CONCLUSIONS

The distribution of healthcare professionals is uneven across the four countries, with South Africa having higher proportions across most disciplines. Namibia is experiencing a rapid growth in the number of health-care professionals across most disciplines. Within South Africa, Gauteng and the Western Cape have a much higher density than the other seven provinces.

The number of professionals remained relatively stable from 2021 to 2022, increasing moderately during that time. The number of professionals registering on the PCNS declined from 2021 to 2022, while the number of deregistering professionals increased.

The number of medical specialists per population varies greatly by country and even more by province in South Africa. Overall, the proportion of medical specialists per population is very low; some countries have fewer than 10 medical specialists per million population.

What is more concerning with regard to medical specialists is the overall movement and demographic trends. The average age of medical specialists with active practice numbers is very high in Lesotho and South Africa - above 52 years. The number of medical specialists registering on the PCNS declined significantly from 2021 to 2022. Deregistration of medical specialists only occurred in South Africa.

There is no single health human resource database in South Africa; this is probably also the case in the other countries.

## 6.2 RECOMMENDATIONS

The uneven distribution of human resources is a concern both within countries and across countries. It is important that measures be put in place to monitor the distribution of healthcare professionals in both contexts. Once this is done, interventions may be developed to optimise the availability of HRH.

In South Africa, the National Department of Health should perhaps consider revisiting the Certificate of Need to address the geographical imbalances in the health workforce. Other interventions such as incentives may also be considered to address this maldistribution.

Across the countries there are limited numbers of specialists, and these appear to be declining consistently. Policies to increase the supply of specialists across multiple disciplines and retain them in practice for as long as possible need to be put in place as a matter of priority.

In some countries the data on healthcare professionals were of poor quality. This compromised the ability to identify key demographic trends. It is important that measures be put in place to improve data quality.

The data in this report only apply to practitioners registered on the PCNS and who are in private practice. The report does not give a complete picture of all healthcare professionals available at both national and regional levels. It is therefore important to put in place a reporting mechanism that includes all healthcare professionals in practice.

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# 8|ANNEXURE

| Discipline Code | SubDiscipline Code | Discipline Description | SubDiscipline Description | Professional Group |
|---|---|---|---|---|
| 10 | 000 | Anaesthetist | | Anaesthetists |
| 10 | 001 | Anaesthetist | Pain Medicine (Zimbabwe) | Anaesthetists |
| 10 | 200 | Anaesthetist | Locum (Namibia Only) | Anaesthetists |
| 10 | 300 | Anaesthetist | Limited Private Practice (Namibia Only) | Anaesthetists |
| 96 | 000 | Community Dentistry | | Dental Services |
| 200 | 000 | Dental Clinic | (Zimbabwe) | Dental Services |
| 93 | 000 | Dental Technician | | Dental Services |
| 95 | 000 | Dental Therapy | | Dental Services |
| 54 | 000 | General Dental Practice | | Dental Services |
| 54 | 200 | General Dental Practice | Locum (Namibia Only) | Dental Services |
| 54 | 300 | General Dental Practice | Limited Private Practice (Namibia Only) | Dental Services |
| 62 | 000 | Maxillofacial and Oral Surgery | | Dental Services |
| 113 | 000 | Oral Hygiene | | Dental Services |
| 98 | 000 | Oral Pathology | | Dental Services |
| 64 | 000 | Orthodontics | | Dental Services |
| 92 | 000 | Periodontics | | Dental Services |
| 94 | 000 | Prosthodontic | | Dental Services |
| 14 | 000 | General Medical Practice | | Family Practitioners |
| 14 | 001 | General Medical Practice | Cardiology (Lesotho Practitioners Only) | Family Practitioners |
| 14 | 002 | General Medical Practice | Sexual Health (Lesotho Practitioners only) | Family Practitioners |
| 14 | 003 | General Medical Practice | Point of Care Laboratory (Namibia Only) | Family Practitioners |
| 14 | 200 | General Medical Practice | Locum (Namibia Only) | Family Practitioners |
| 14 | 300 | General Medical Practice | Limited Private Practice (Namibia Only) | Family Practitioners |
| 15 | 000 | Specialist Family Medicine | | Family Practitioners |
| 15 | 200 | Specialist Family Medicine | Locum (Namibia Only) | Family Practitioners |
| 48 | 000 | Travel Clinic | | Family Practitioners |
| 21 | 000 | Cardiology | | Medical Specialists |
| 21 | 001 | Cardiology Independent Practice Subspecialist | Medicine | Medical Specialists |
| 21 | 002 | Cardiology Independent Practice Subspecialist | Paediatrics | Medical Specialists |
| 21 | 003 | Cardiology Independent Practice Subspecialist | Special Merit | Medical Specialists |
| 12 | 000 | Dermatology | | Medical Specialists |
| 19 | 000 | Gastroenterology | | Medical Specialists |
| 112 | 000 | Independent Practice Specialist Clinical Pharmacology | | Medical Specialists |

| | | | | |
|---|---|---|---|---|
| 18 | 000 | Independent Practice Specialist Medicine | | Medical Specialists |
| 18 | 200 | Independent Practice Specialist Medicine | Locum (Namibia Only) | Medical Specialists |
| 40 | 000 | Independent Practice Specialist Radiation Oncology | | Medical Specialists |
| 18 | 001 | Independent Practice Subspecialist Medicine | Clinical Haematology | Medical Specialists |
| 18 | 002 | Independent Practice Subspecialist Medicine | Nephrology | Medical Specialists |
| 18 | 003 | Independent Practice Subspecialist Medicine | Cardiology | Medical Specialists |
| 18 | 004 | Independent Practice Subspecialist Medicine | Endocrinology | Medical Specialists |
| 18 | 005 | Independent Practice Subspecialist Medicine | Pulmonology | Medical Specialists |
| 18 | 006 | Independent Practice Subspecialist Medicine | Critical Care | Medical Specialists |
| 18 | 007 | Independent Practice Subspecialist Medicine | Geriatric Medicine | Medical Specialists |
| 18 | 008 | Independent Practice Subspecialist Medicine | Medical Genetics | Medical Specialists |
| 18 | 009 | Independent Practice Subspecialist Medicine | Infectious Disease | Medical Specialists |
| 18 | 010 | Independent Practice Subspecialist Medicine | Gastroenterology | Medical Specialists |
| 18 | 011 | Independent Practice Subspecialist Medicine | Medical Oncology | Medical Specialists |
| 18 | 012 | Independent Practice Subspecialist Medicine | Rheumatology | Medical Specialists |
| 18 | 202 | Independent Practice Subspecialist Medicine | Nephrology Locum (Namibia Only) | Medical Specialists |
| 23 | 000 | Medical Oncology | | Medical Specialists |
| 20 | 000 | Neurology | | Medical Specialists |
| 34 | 000 | Physical Medicine | | Medical Specialists |
| 17 | 000 | Pulmonology | | Medical Specialists |
| 31 | 000 | Rheumatology | | Medical Specialists |
| 120 | 000 | Standalone Chemotherapy Unit | Namibia Only | Medical Specialists |
| 65 | 000 | Counsellors (Lesotho Practitioners Only) | | Mental and Social Health Practitioners |
| 22 | 000 | Psychiatry | | Mental and Social Health Practitioners |
| 99 | 000 | Psychological Counsellors - Namibian Practitioners Only | | Mental and Social Health Practitioners |
| 99 | 200 | Psychological Counsellors - Namibian Practitioners Only | Locum (Namibia Only) | Mental and Social Health Practitioners |
| 86 | 000 | Psychologists | | Mental and Social Health Practitioners |

| | | | | |
|---|---|---|---|---|
| 86 | 001 | Psychologists | Clinical | Mental and Social Health Practitioners |
| 86 | 002 | Psychologists | Counselling | Mental and Social Health Practitioners |
| 86 | 003 | Psychologists | Educational | Mental and Social Health Practitioners |
| 86 | 004 | Psychologists | Industrial | Mental and Social Health Practitioners |
| 86 | 005 | Psychologists | Neuropsychologists | Mental and Social Health Practitioners |
| 86 | 200 | Psychologists | Locum (Namibia Only) | Mental and Social Health Practitioners |
| 85 | 000 | Psychometry | | Mental and Social Health Practitioners |
| 81 | 000 | Registered Counsellors | | Mental and Social Health Practitioners |
| 89 | 000 | Social Workers | | Mental and Social Health Practitioners |
| 80 | 000 | Nursing Agencies/Home Care Services | | Nursing Services |
| 88 | 000 | Registered Nurses | | Nursing Services |
| 88 | 001 | Registered Nurses | Midwife only | Nursing Services |
| 88 | 002 | Registered Nurses | Psychiatric only | Nursing Services |
| 88 | 009 | Registered Nurses | Primary Care | Nursing Services |
| 88 | 200 | Registered Nurses | Locum (Namibia Only) | Nursing Services |
| 210 | 000 | State Registered Nurses | (Zimbabwe) | Nursing Services |
| 71 | 000 | Optical Dispensers | | Optometrists |
| 70 | 000 | Optometrists | | Optometrists |
| 71 | 001 | Supplementary Optical Dispensers | No limitations | Optometrists |
| 70 | 001 | Supplementary Optometrists | Visual Science, Ocular Pathology & Dispensing of Spectacles | Optometrists |
| 37 | 002 | Medical Technology | Cardiology | Other Professionals |
| 37 | 009 | Medical Technology | Lung Function | Other Professionals |
| 33 | 000 | Paediatric Cardiology | | Paediatric Specialists |
| 32 | 013 | Paediatric Independent Practice Subspecialist | Cardiology | Paediatric Specialists |
| 32 | 000 | Paediatric Independent Practice Specialist | | Paediatric Specialists |
| 32 | 002 | Paediatric Independent Practice Subspecialist | Developmental Paediatrics | Paediatric Specialists |
| 32 | 006 | Paediatric Independent Practice Subspecialist | Endocrinology | Paediatric Specialists |
| 32 | 007 | Paediatric Independent Practice Subspecialist | Gastroenterology | Paediatric Specialists |
| 32 | 008 | Paediatric Independent Practice Subspecialist | Neonatology | Paediatric Specialists |
| 32 | 009 | Paediatrics Independent Practice Subspecialist | Pulmonology | Paediatric Specialists |

| | | | | |
|---|---|---|---|---|
| 32 | 010 | Paediatrics Independent Practice Subspecialist | Rheumatology | Paediatric Specialists |
| 32 | 011 | Paediatrics Independent Practice Subspecialist | Nephrology | Paediatric Specialists |
| 32 | 012 | Paediatrics Independent Practice Subspecialist | Critical Care | Paediatric Specialists |
| 32 | 014 | Paediatrics Independent Practice Subspecialist | Clinical Haematology | Paediatric Specialists |
| 32 | 001 | Paediatrics Independent Practice Subspecialist | Neurology | Paediatric Specialists |
| 32 | 003 | Paediatrics Independent Practice Subspecialist | Medical Oncology | Paediatric Specialists |
| 32 | 004 | Paediatrics Independent Practice Subspecialist | Infectious Disease | Paediatric Specialists |
| 32 | 005 | Paediatrics Independent Practice Subspecialist | Medical Genetics | Paediatric Specialists |
| 27 | 002 | Clinical Haematology | Paediatrics | Pathologists |
| 27 | 003 | Clinical Haematology | Medicine | Pathologists |
| 27 | 001 | Clinical Haematology Independent Practice Subspecialist | Pathology (Haematological) | Pathologists |
| 27 | 000 | Clinical Haematology | | Pathologists |
| 37 | 000 | Medical Technology | | Pathologists |
| 37 | 003 | Medical Technology | Chemical Pathology | Pathologists |
| 37 | 004 | Medical Technology | Clinical Pathology | Pathologists |
| 37 | 005 | Medical Technology | Cytotechnology | Pathologists |
| 37 | 006 | Medical Technology | Forensic Pathology | Pathologists |
| 37 | 007 | Medical Technology | Haematology | Pathologists |
| 37 | 008 | Medical Technology | Histopathological Technique | Pathologists |
| 37 | 010 | Medical Technology | Microbiology | Pathologists |
| 37 | 011 | Medical Technology | Parasitology | Pathologists |
| 37 | 012 | Medical Technology | Pharmacology | Pathologists |
| 37 | 013 | Medical Technology | Virology | Pathologists |
| 37 | 014 | Medical Technology | Immunology | Pathologists |
| 7 | 003 | Namibian Practitioners Only (Not recognised by the HPCSA) | Forensic | Pathologists |
| 52 | 000 | Pathology Independent Practice Specialist | | Pathologists |
| 52 | 001 | Pathology Independent Practice Subspecialist | Anatomy | Pathologists |
| 52 | 002 | Pathology Independent Practice Subspecialist | Chemical | Pathologists |
| 52 | 003 | Pathology Independent Practice Subspecialist | Clinical | Pathologists |
| 52 | 004 | Pathology Independent Practice Subspecialist | Forensic | Pathologists |
| 52 | 005 | Pathology Independent Practice Subspecialist | Clinical Haematology | Pathologists |

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| 52 | 006 | Pathology Independent Practice Subspecialist | Medical Genetics | Pathologists |
| 52 | 007 | Pathology Independent Practice Subspecialist | Microbiology | Pathologists |
| 52 | 009 | Pathology Independent Practice Subspecialist | Virology | Pathologists |
| 52 | 008 | Pathology Independent Practice Subspecialist | Infectious Disease | Pathologists |
| 110 | 000 | Clinical Pharmacokineticist | | Pharmacy Services |
| 60 | 002 | Pharmacies | Responsible Pharmacist (Namibia Only) | Pharmacy Services |
| 61 | 000 | Pharmacotherapist | | Pharmacy Services |
| 63 | 000 | Primary Care Drug Therapist | | Pharmacy Services |
| 111 | 000 | Radiopharmacist | | Pharmacy Services |
| 97 | 000 | Independent Practice Specialist Public Health Medicine | | Public Health Specialists |
| 29 | 000 | Occupational Medicine Independent Practice Specialist | | Public Health Specialists |
| 38 | 000 | Diagnostic Radiology | | Radiologists |
| 37 | 015 | Medical Technology | Radio-isotope Technology | Radiologists |
| 25 | 000 | Nuclear Medicine | | Radiologists |
| 39 | 000 | Radiography | | Radiologists |
| 39 | 001 | Radiography | Diagnosis | Radiologists |
| 39 | 002 | Radiography | Therapy | Radiologists |
| 39 | 003 | Radiography | Nuclear Medicine | Radiologists |
| 39 | 004 | Radiography | Ultrasound | Radiologists |
| 201 | 000 | Family Planning | (Zimbabwe) | State Clinics |
| 105 | 000 | Acupuncturist | | Supplementary and Allied Health Professionals |
| 67 | 000 | Art Therapists | | Supplementary and Allied Health Professionals |
| 82 | 002 | Audiology | Only | Supplementary and Allied Health Professionals |
| 104 | 001 | Ayurveda | Primary Healthcare Advisor | Supplementary and Allied Health Professionals |
| 104 | 000 | Ayurveda | Ayurveda Practitioner | Supplementary and Allied Health Professionals |
| 104 | 002 | Ayurveda | Yoga Therapist | Supplementary and Allied Health Professionals |
| 75 | 009 | Biokinetics | | Supplementary and Allied Health Professionals |
| 91 | 000 | Biokinetics | | Supplementary and Allied Health Professionals |
| 4 | 000 | Chiropractors | | Supplementary and Allied Health Professionals |
| 75 | 000 | Clinical Technology | | Supplementary and Allied Health Professionals |
| 75 | 001 | Clinical Technology | Cardiovascular Perfusion | Supplementary and Allied Health Professionals |
| 75 | 002 | Clinical Technology | Pulmonology | Supplementary and Allied Health Professionals |

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| 75 | 003 | Clinical Technology | Nephrology | Supplementary and Allied Health Professionals |
| 75 | 004 | Clinical Technology | Reproductive Biology | Supplementary and Allied Health Professionals |
| 75 | 006 | Clinical Technology | Neurophysiology | Supplementary and Allied Health Professionals |
| 75 | 007 | Clinical Technology | Critical Care | Supplementary and Allied Health Professionals |
| 75 | 008 | Clinical Technology | Cardiology | Supplementary and Allied Health Professionals |
| 75 | 300 | Clinical Technology | Limited Private Practice (Namibia Only) | Supplementary and Allied Health Professionals |
| 84 | 000 | Dieticians | | Supplementary and Allied Health Professionals |
| 84 | 200 | Dieticians | Locum (Namibia Only) | Supplementary and Allied Health Professionals |
| 83 | 000 | Hearing Aid Acoustician | | Supplementary and Allied Health Professionals |
| 8 | 000 | Homeopathy | | Supplementary and Allied Health Professionals |
| 73 | 000 | Masseurs | | Supplementary and Allied Health Professionals |
| 115 | 000 | Medical Genetics | | Supplementary and Allied Health Professionals |
| 69 | 000 | Medical Scientist | Clinical Biochemist | Supplementary and Allied Health Professionals |
| 69 | 001 | Medical Scientist | Genetic Counsellor | Supplementary and Allied Health Professionals |
| 69 | 002 | Medical Scientist | Medical Biological Scientist | Supplementary and Allied Health Professionals |
| 69 | 003 | Medical Scientist | Medical Physicist | Supplementary and Allied Health Professionals |
| 75 | 005 | Medical Technology | Pathology | Supplementary and Allied Health Professionals |
| 7 | 000 | Namibian Practitioners Only (Not recognised by the HPCSA) | | Supplementary and Allied Health Professionals |
| 7 | 001 | Namibian Practitioners Only (Not recognised by the HPCSA) | Acupuncturist | Supplementary and Allied Health Professionals |
| 7 | 002 | Namibian Practitioners Only (Not recognised by the HPCSA) | Reflexologists | Supplementary and Allied Health Professionals |
| 101 | 000 | Naturopathy | | Supplementary and Allied Health Professionals |
| 2 | 000 | Nutritionist | | Supplementary and Allied Health Professionals |
| 66 | 000 | Occupational Therapy | | Supplementary and Allied Health Professionals |
| 66 | 200 | Occupational Therapy | Locum (Namibia Only) | Supplementary and Allied Health Professionals |

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| 74 | 000 | Orthoptists | | Supplementary and Allied Health Professionals |
| 87 | 000 | Orthotists and Prosthetists | | Supplementary and Allied Health Professionals |
| 102 | 000 | Osteopathy | | Supplementary and Allied Health Professionals |
| 72 | 000 | Physiotherapists | | Supplementary and Allied Health Professionals |
| 72 | 200 | Physiotherapists | Locum (Namibia Only) | Supplementary and Allied Health Professionals |
| 103 | 000 | Phytotherapy | | Supplementary and Allied Health Professionals |
| 68 | 000 | Podiatry | | Supplementary and Allied Health Professionals |
| 209 | 000 | Private Physiotherapy Centres | (Zimbabwe) | Supplementary and Allied Health Professionals |
| 82 | 001 | Speech Therapy | Only | Supplementary and Allied Health Professionals |
| 82 | 000 | Speech Therapy and Audiology | | Supplementary and Allied Health Professionals |
| 106 | 000 | Therapeutic Aromatherapist | | Supplementary and Allied Health Professionals |
| 107 | 000 | Therapeutic Massage Therapist | | Supplementary and Allied Health Professionals |
| 108 | 000 | Therapeutic Reflexologist | | Supplementary and Allied Health Professionals |
| 109 | 000 | Unani-Tibb | | Supplementary and Allied Health Professionals |
| 44 | 000 | Cardiothoracic Surgery | | Surgical Specialists |
| 24 | 000 | Independent Practice Specialist Neurosurgery | | Surgical Specialists |
| 16 | 000 | Independent Practice Specialist Obstetrics and Gynaecology | | Surgical Specialists |
| 24 | 001 | Independent Practice Subspecialist Neurosurgery | Critical Care | Surgical Specialists |
| 16 | 001 | Independent Practice Subspecialist Obstetrics and Gynaecology | Critical Care | Surgical Specialists |
| 16 | 002 | Independent Practice Subspecialist Obstetrics and Gynaecology | Gynaecological Oncology | Surgical Specialists |
| 16 | 003 | Independent Practice Subspecialist Obstetrics and Gynaecology | Medical Genetics | Surgical Specialists |
| 16 | 004 | Independent Practice Subspecialist Obstetrics and Gynaecology | Maternal and Foetal Medicine | Surgical Specialists |
| 16 | 005 | Independent Practice Subspecialist Obstetrics and Gynaecology | Reproductive Medicine | Surgical Specialists |
| 16 | 006 | Independent Practice Subspecialist Obstetrics and Gynaecology | Infectious Disease | Surgical Specialists |
| 26 | 000 | Ophthalmology | | Surgical Specialists |
| 28 | 000 | Orthopaedic | | Surgical Specialists |

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| 30 | 000 | Otorhinolaryngology | | Surgical Specialists |
| 114 | 000 | Paediatric Surgery Independent Practice Specialist | | Surgical Specialists |
| 36 | 000 | Plastic and Reconstructive Surgery | | Surgical Specialists |
| 42 | 000 | Surgery Independent Practice Specialist | | Surgical Specialists |
| 42 | 002 | Surgery Independent Practice Subspecialist | Critical Care | Surgical Specialists |
| 42 | 003 | Surgery Independent Practice Subspecialist | Gastroenterology | Surgical Specialists |
| 42 | 004 | Surgery Independent Practice Subspecialist | Paediatric Surgery | Surgical Specialists |
| 42 | 005 | Surgery Independent Practice Subspecialist | Trauma Surgery | Surgical Specialists |
| 42 | 001 | Surgery Independent Practice Subspecialist | Vascular Surgery | Surgical Specialists |
| 42 | 200 | Surgery Independent Practice Subspecialist | Locum (Namibia Only) | Surgical Specialists |
| 46 | 000 | Urology | | Surgical Specialists |
| 46 | 200 | Urology | Locum (Namibia Only) | Surgical Specialists |

# NOTES

# PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

THIS REPORT WAS PREPARED BY
THE BOARD OF HEALTHCARE FUNDERS
Company Registration No.
2001/003387/08

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